

SMRRRP C.15

Radiation Control Program
Division of HealthEngineering

STATE OF MAINE
CERTIFICATE OF DISPOSITION OF MATERIALS
(All items MUST be completed, please print or type)

LICENSEE NAME AND ADDRESS	LICENSE NUMBER
	EXP. DATE

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT:
(Check and/or complete the appropriate item(s) below.)

A. MATERIALS DATA (Check one and complete, as necessary)

<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">OR</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-top: 5px;"></div>	<p>1. NO MATERIALS HAVE EVER BEEN POSSESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE.</p>
	<p>2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON:</p> <p>Date: _____ To: (name) _____</p> <p style="padding-left: 150px;">(address) _____</p> <p>WHICH HAS NRC LICENSE NUMBER: _____</p>
<div style="text-align: center;">OR</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-top: 5px;"></div>	<p>3. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON:</p> <p>Date: _____ To: (name) _____</p> <p style="padding-left: 150px;">(address) _____</p> <p>WHICH HAS LICENSE NUMBER: _____ ISSUED BY THE STATE OF: _____ (AN AGREEMENT STATE PURSUANT TO SECTION 274 OF THE ATOMIC ENERGY ACT OF 1954, AS AMENDED, AND THE ENERGY REORGANIZATION ACT OF 1974)</p>
<div style="text-align: center;">OR</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-top: 5px;"></div>	<p>4. MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (<i>Describe specific disposal procedures-if additional space is needed, use the reverse of this form, or provide attachments</i>)</p>

B. OTHER DATA

☐ 1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.

☐ 2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE?

☐ NO ☐ YES, THE RESULTS *(Check one)*

☐ ARE ATTACHED, **OR** ☐ WERE FORWARDED TO STATE ON *(Date)*: _____

3. THE PERSON TO BE TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM:

NAME: _____ TELEPHONE NUMBER: _____

4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO:

RETURN TO: RADIATION CONTROL PROGRAM 11 STATE HOUSE STATION AUGUSTA, ME 04333-0011	<u>CERTIFYING OFFICIAL (from licensee)</u> <hr/> SIGNATURE _____ DATE _____ <hr/> PRINTED NAME AND TITLE _____
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